

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-18-1151A

3 **PAREED ALIYAR, M.D.**

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR LETTER  
OF REPRIMAND AND PROBATION  
WITH PRACTICE RESTRICTION**

4 Holder of License No. 24775  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 February 6, 2020. Pareed Aliyar, M.D. ("Respondent"), appeared with legal counsel, Maria  
9 Nutile, Esq., before the Board for a Formal Interview pursuant to the authority vested in the  
10 Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of  
11 Law and Order after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

13 1. The Board is the duly constituted authority for the regulation and control of  
14 the practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of license number 24775 for the practice of  
16 allopathic medicine in the State of Arizona.

17 3. The Board initiated case number MD-18-1151A after receiving a report from  
18 the Hospital where Respondent held privileges, stating that Respondent had agreed to  
19 refrain from exercising privileges to perform vascular procedures pending the completion  
20 of a fitness for duty evaluation.

21 4. On February 13-15, 2019, Respondent attended a fitness for duty evaluation  
22 at a Board approved evaluating facility ("Facility"). Based upon the results of the  
23 evaluation, the Facility opined that Respondent was not fit to practice as an invasive  
24 interventional cardiologist. The Facility further opined that at minimum, Respondent may  
25 be able to practice in a non-invasive, non-interventional setting, provided that he obtain the  
services as a proctor. However, the Facility also reported that the assessment did not fully

1 evaluate his ability to practice outpatient cardiology, and recommended completion of  
2 further competency testing as well as a repeat neuropsychological evaluation in one year.

3 5. Based on the foregoing, Respondent entered into an Interim Consent  
4 Agreement for Practice Restriction ("Practice Restriction"). According to the terms and  
5 conditions of the Practice Restriction, Respondent was prohibited from engaging in  
6 interventional or invasive cardiology, and was required to utilize a Proctor for the practice  
7 of non-invasive, non-interventional cardiology. The Practice Restriction allowed  
8 Respondent to request termination of the requirement to utilize a Proctor after a period of  
9 monitoring. The requirement to utilize a Proctor was terminated effective August 27, 2019,  
10 upon Respondent's request and the opinion of the Proctor that Respondent was safe to  
11 practice non-invasive, non-interventional cardiology without proctoring.

12 6. On June 12, 2019, Respondent underwent a neuropsychological evaluation  
13 with a Board-approved evaluator ("Evaluator"). Based on the findings and conclusions of  
14 the evaluation, the Evaluator opined that Respondent should refrain from performing  
15 invasive, interventional procedures. The Evaluator opined that the results of the  
16 evaluation did not indicate that Respondent would be unsafe to practice non-interventional  
17 cardiology.

18 7. During the course of the Board's investigation, Board staff requested Medical  
19 Consultant ("MC") review of Respondent's care and treatment of five patients for whom  
20 Respondent performed invasive, interventional procedures.

21 8. On May 16, 2018, MH an 80 year-old female, presented to the Hospital for  
22 elective heart catheterization performed by Respondent. MH had a medical history of  
23 aortic stenosis and congestive heart failure. Post-operatively MH developed chest pain  
24 and hypotension. An echocardiogram showed pericardial effusion. MH was returned to the  
25 cath lab and Respondent performed a pericardiocentesis.

1           9.     On June 1, 2018, SC a 67 year-old female, presented to the Hospital for  
2 elective left heart catheterization. Respondent performed a radial artery accessed  
3 procedure. Post-operatively SC's vitals dropped and she complained of chest pain.  
4 Respondent performed a pericardiocentesis and evacuated 200ml of blood from the  
5 pericardial cavity.

6           10.    On June 27, 2018, SJ a 72 year-old female, presented to the Hospital for  
7 elective heart catheterization performed by Respondent. A side branch perforation of the  
8 circumflex occurred and Respondent performed a pericardiocentesis.

9           11.    On September 19, 2018, TL a 64 year-old female, presented to the Hospital  
10 for elective heart catheterization. Respondent performed a right radial artery accessed  
11 procedure. Respondent diagnosed TL with atherosclerotic coronary artery disease 75-80%  
12 and proceeded with an angioplasty and stenting. During the procedure, a perforation  
13 occurred.

14          12.    On October 29, 2018, LS, a 71 year-old female, presented to the Hospital for  
15 elective stenting of the left anterior descending artery ("LAD"). Respondent performed a  
16 percutaneous transluminal coronary angioplasty and stenting of the LAD. Post-operatively  
17 LS complained of right groin pain and became hypotensive. LS became bradycardic and  
18 coded. A CT scan showed a large retroperitoneal bleed. After LS was resuscitated, she  
19 underwent ileo/femoral artery stenting to control the bleeding.

20          13.    The standard of care requires a physician to use proper technique and  
21 judgment in the performance of cardiac catheterization and coronary stenting. For all  
22 patients reviewed, Respondent deviated from the standard of care by failing to use proper  
23 technique and judgment in the performance of cardiac catheterization and coronary  
24 stenting.

25



1           **a. Practice Restriction**

2           Respondent's practice is restricted in that he shall not perform invasive or  
3 interventional cardiology or vascular procedures in the State of Arizona. Board staff or its  
4 agents may perform periodic chart reviews in order to monitor Respondent's compliance  
5 with this Order.

6           **b. Obey All Laws**

7           Respondent shall obey all state, federal and local laws, all rules governing the  
8 practice of medicine in Arizona, and remain in full compliance with any court ordered  
9 criminal probation, payments and other orders.

10          **c. Probation Termination**

11          The Probation shall not terminate except upon affirmative request of Respondent  
12 and approval by the Board. Respondent's request for release will be placed on the next  
13 pending Board agenda, provided a complete submission is received by Board staff no less  
14 than 30 days prior to the Board meeting. Respondent's request for release must provide  
15 the Board with evidence establishing that Respondent has successfully satisfied all of the  
16 terms and conditions of this Order and is safe to return to the performance of invasive or  
17 interventional cardiology or vascular procedures. The Board may require any combination  
18 of examinations and/or evaluations in order to determine whether or not Respondent is  
19 safe to perform invasive or interventional cardiology or vascular procedures and the Board  
20 may continue the Practice Restriction or take any other action consistent with its authority.

21                           **RIGHT TO PETITION FOR REHEARING OR REVIEW**

22          Respondent is hereby notified that he has the right to petition for a rehearing or  
23 review. The petition for rehearing or review must be filed with the Board's Executive  
24 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
25 petition for rehearing or review must set forth legally sufficient reasons for granting a  
rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after

1 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
2 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

3 Respondent is further notified that the filing of a motion for rehearing or review is  
4 required to preserve any rights of appeal to the Superior Court.

5 DATED AND EFFECTIVE this 8<sup>th</sup> day of April, 2020.

6 ARIZONA MEDICAL BOARD

7  
8 By Christina Judd  
9 Patricia E. McSorley  
10 Executive Director

11 EXECUTED COPY of the foregoing mailed  
12 this 8<sup>th</sup> day of April, 2020 to:

13 Pareed Aliyar, M.D.  
14 Address of Record

15 Maria Nutile, Esq.  
16 Nutile Law  
17 7395. South Pecos Road, Suite 103  
18 Las Vegas, Nevada 89120  
19 Attorney for Respondent

20 ORIGINAL of the foregoing filed  
21 this 8<sup>th</sup> day of April, 2020 with:

22 Arizona Medical Board  
23 1740 West Adams, Suite 4000  
24 Phoenix, Arizona 85007

25 Michelle Robles  
Board staff